



Standard Operating Procedure (SOP)	
Issued: 8/26/2020	Revised: 9/9/2020: To reflect designation of close contacts from school sports 9/15/2020: To clarify conditions under which an outbreak investigation is opened 9/23/2020: To clarify the definition of close contacts in an outbreak 9/28/2020: To clarify case investigation process, AHOC, and bus windows 9/29/2020: To clarify the role of antigen testing and, separately, school sports by creating Appendix B 9/30/2020: To clarify bus exposures and, separately, to add Appendix C for school-based testing documents
SUBJECT: Investigation of COVID-19 in Pre-K-12 Schools	
Maine Center for Disease Control and Prevention Division of Disease Surveillance	

I. BACKGROUND AND RATIONALE

SARS-CoV-2, the virus that causes COVID-19, has become widespread globally and in the United States. Emerging evidence indicates that children of all ages are susceptible to COVID-19 although their clinical presentation is often less severe than that seen in adults. However, severe disease is possible, including rare fatalities and a multisystem inflammatory syndrome in children that can lead to a severe and life-threatening illness in rare cases.

Less clear is the role that children play in transmission of SARS-CoV-2, both to other children and to their adult family members, who could be at increased risk of severe illness. Reports from international settings suggest the possibility of secondary transmission from young children; however, due to school closures across the United States, little U.S.-based evidence is available to confirm these findings. As Pre-K-12 schools reopen in the fall of 2020, clusters of COVID-19 cases linked to school settings are a possibility. The number of COVID-19 cases will likely vary by community, depending on intensity of transmission in the community, adoption and access to prevention and control strategies, and timeliness of identification of index cases in schools.

II. PURPOSE

This SOP provides a framework for response to case(s) of COVID-19 among students, teachers, or staff within a school. It will be updated frequently as more is learned about transmission and mitigation of COVID-19. The guidance in this SOP is not exhaustive, nor does it replace direct engagement with Maine CDC. This SOP assumes that students, teachers, and staff comply with the Six Requirements for Safely Opening Schools in the Fall, which are found in the Maine Department of Education's Framework for Reopening Schools and Returning to In-Person Instruction.

III. OBJECTIVES

The primary reason to investigate cases or outbreaks of COVID-19 in schools is to control the outbreak and, with lessons learned from that investigation, help prevent future outbreaks. Specific objectives of investigations may include, but are not limited to:

1. Implementing measures to prevent or mitigate transmission of COVID-19 within a school setting.
2. Determining the magnitude of the outbreak and characterizing chain(s) of transmission (*e.g.*, secondary transmission among children, school staff members, and household members).
3. Describing characteristics of school populations, including demographic, health status, clinical characteristics (for cases), and exposures, stratified by COVID-19 case status.

IV. METHODS

A. Case Definitions

Maine CDC will follow CSTE case definitions for COVID-19. These case definitions are subject to change. COVID-19 interim case definitions can be found at <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>

B. Investigation Approaches

Interviews with school staff are useful to assess the school environment and strategies adopted by the school to prevent or mitigate COVID-19 spread. Gathering detailed information on school operations, space layout, number of staff members, teachers and students, class sizes (density), and daily schedule (pick up, drop off, rotation through different classrooms and other school spaces) will help with understanding the daily routine and potential mixing among students from different classes.

Maine CDC will initiate an investigation when it learns of a confirmed case (or cases) associated with a school. In the event that the school is informed of a confirmed case (or cases) of COVID-19 prior to Maine CDC, the school or school administrative unit (SAU) will alert the Maine DOE School Nurse Consultant, who is the primary point of contact for schools to Maine CDC. The DOE School Nurse Consultant will contact Maine CDC's school liaison during business hours. During off hours, the Maine CDC case investigator will call the school nurse at the school for an individual case. If the school nurse is unavailable the case investigator will leave a message. If there is an additional contact on the voicemail, the case investigator will reach out to that individual. If an outbreak investigation is opened during off hours, the outbreak investigator will call the superintendent. In addition, the outbreak investigator will notify DOE's school nurse consultant and Deputy Commissioner in such circumstances.

Recommended public health actions will depend on the number of cases, the location of the cases, and the degree of contact those cases may have had with other students, teachers, or staff. Table 1 below summarizes the various stages of public health recommendations based on these factors. It is important to note that the circumstances of a specific outbreak may result in a deviation from these recommendations.

C. School Nurse Responsibilities

The school nurse (or other official designated) affiliated with the school where a positive case is identified will be an essential part of the public health investigation. The school nurse will serve as the primary point of contact for public health investigators. The school nurse or designee should also contact the applicable designated school administrators, school health advisors/school physicians, and, where possible, the primary care provider of the student who has tested positive.

As noted in Section V (Notification and Communication) below, the school nurse shall serve as the primary point of contact with families of confirmed cases. When the school nurse communicates with the

family of a confirmed case, the school nurse should share [isolation](#) information as well as [quarantine](#) information for family members living in the same household. Doing so will save time prior to Maine CDC contacting the family and may reduce the likelihood of further transmission. The school nurse should communicate that any school-aged siblings that live in the same household should be sent home from school and placed into quarantine. The school nurse can make social service referrals with family's permission to covidsocialsupport@maine.gov.

The school nurse should recommend that the parent/guardian monitor other family members for symptoms of COVID-19. These include: fever ($>100.4^{\circ}\text{F}$) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. The school nurse should also advise families to ensure that the COVID-19-positive student remain in proper isolation, especially from people who are at higher risk for getting sick from COVID-19. Families where a member has tested positive for COVID-19 should alert their health care provider, especially if symptoms worsen. In addition, the school nurse can provide a brief overview of the case investigation process, [contact tracing, and Sara Alert system for the family](#).

The school nurse can also then begin the process of determining who within the school may constitute a close contact (*see* Sections F and G below). Although this process can be started by the school nurse, Maine CDC case investigators will assume primary responsibility for contact tracing efforts.

In general, a close contact is defined as someone with exposure to the confirmed case within 6 feet for 15 minutes or more regardless of if individuals were wearing face coverings. To help protect students in the school and out of an abundance of caution, Maine CDC considers everyone within a classroom to be close contacts. In addition to close contacts from the classroom setting, the school nurse can begin to compile information on close contacts from transportation and during extracurricular activities.

E. Laboratory Testing

Maine CDC recommends testing for [all close contacts](#) of persons with SARS-CoV-2 infection 5-7 days after exposure. Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that close contacts of individuals with SARS-CoV-2 infection be quickly identified and tested in the appropriate time frame, even though close contacts must remain in quarantine for 14 days irrespective of the test result. Testing of close contacts also helps identify additional cases, which in turn allows identification of further close contacts who should be in quarantine. Though antigen-based methods are available, Maine CDC recommends that testing of asymptomatic close contacts be performed using PCR-based methods at this time. Completeness of reporting for all individuals testing positive or negative can optimize investigation efforts for case classification and provide an initial assessment of attack rates when combined with line lists provided by the school.

Maine CDC will work with School Administrative Units (SAU) to identify potential locations where students, faculty, or staff could obtain COVID-19 testing. Maine CDC cannot guarantee the availability of on-site testing for every school experiencing an outbreak. State-sponsored sample collection sites can be found on Governor Mills' COVID-19 [site](#); additional options can be found at [Get-Tested-COVID19.org](https://www.gettested-covid19.org).

Maine CDC also recommends that SAUs begin assessing testing options within their communities. For example, a SAU may wish to convene a meeting with local health care providers to determine their ability to conduct swabbing for COVID-19 for a classroom or even an entire school, if needed. As part of this planning process, SAUs should ask area health care providers to evaluate, among other things, the availability of: (1) supplies needed to conduct testing (swabs, viral transport media, etc.), (2) qualified medical personnel who can conduct or observe COVID-19 swabbing among students/teachers/staff, and (3) where such testing could be conducted.

F. Isolation and Quarantine

With respect to isolation and quarantine recommendations, Maine CDC follows the same guidelines for school-related cases as it does for other outbreaks. Students, teachers, or staff who test positive for COVID-19 will be isolated until they meet the U.S. CDC criteria for release for isolation. Maine CDC case investigators release COVID-19 cases from isolation.

All student close contacts of positive cases must remain in quarantine for at least 14 days following their last exposure to the confirmed case. In a school setting, close contacts may range from an entire classroom to the entire school, depending on the number and location of confirmed cases (*see* Table 1 below).

It is important to note that a close contact who receives a negative test result must remain in quarantine for the balance of the 14-day period. Close contacts will be identified using the exposure and infectious periods outlined in the 2019 Novel Coronavirus protocol.

School staff (teachers, nurses, bus drivers, etc.), however, are considered essential workers.¹ For school staff who are close contacts of confirmed cases in a school, the school staff may return to work while in quarantine so long as (1) there are no substitute school staff members available, (2) the school staff members take appropriate infection control precautions, including the use of PPE, and (3) the staff remain in quarantine outside of work.

Maine CDC will use the following criteria when making recommendations around isolation and quarantine for exposed contacts of confirmed cases.

(1) For one or two confirmed or probable case(s) in a student/staff/teacher who has/have been within a single classroom/pod for the entire day:

- All other students/staff/teachers in that classroom/pod are considered close contacts regardless of the setup of the classroom or face covering use.
- Art, library, recess, and cafeteria exposures for student/staff/teacher will be reviewed on a case-by-case basis.
- The classroom where the confirmed case is located should be cleaned according to federal CDC guidelines found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>.

(2) For one or two confirmed or probable case(s) in a student/staff/teacher who has/have been in multiple classrooms/pods:

- All students/staff/teachers of any classroom where the student/staff/teacher attended a class are considered close contacts regardless of the setup of the classroom/pod or face covering use.
 - Art, library, recess, and cafeteria exposures for the student/staff/teacher will be reviewed on a case-by-case basis.
- The classrooms where the confirmed case is located should be cleaned according to federal CDC guidelines found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

(3) Bus exposures:

- In general, if a COVID-19 case is on a bus for fewer than 15 minutes, no one else on the bus is considered a close contact.
- In general, if a COVID-19 case is present on a bus for greater than 15 minutes, without any assigned seating, and with closed windows, all riders will be considered close contacts.
- Bus rides that fall between these two scenarios will be assessed on a case-by-case basis by Maine CDC.

¹ See https://www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v2_0.pdf

- An “open window” is defined as at least two windows fully opened (one in front and one in back) on each side of the bus.
- Any bus that carried a confirmed or probable case should be cleaned according to federal CDC guidelines <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

(4) After school activities:

- Anyone with more than 15 minutes of cumulative contact will be considered a close contact.
- Indoor extracurricular activities will have to be assessed independently depending on the nature of the activity, the setup of the activity, and the mitigation strategies in place.

(5) Evaluation of sports-related activities

- If a COVID-19 case plays a sport in the “Higher Risk” or “Moderate Risk” category while infectious, the entire sports team is considered a close contact.²
 - If, during the period of infectiousness, a COVID-19 positive case plays against another team, the other team will be reviewed on a case-by-case basis for close contacts
- If a COVID-19 case plays a sport in the “Lower Risk” category while infectious, contacts are evaluated on a case-by-case basis for close contacts.
- Those deemed to be close contacts may not play sports during their period of quarantine.
- Sections of The Maine Community -Sport Guidance; including a table of the Higher, Moderate and Lower Risk category are now in Appendix B.

Maine CDC recommends that school community members be notified when a confirmed or probable case has been detected that is associated with the school.

G. Outbreak Response

Once a school reaches outbreak status (3 or more confirmed cases from different households within 14 days):

- All individuals associated with the school should be notified by the school of the outbreak (*see* Section V below). School officials should make such notifications in writing, using a template provided by Maine CDC (*see* Appendix A).
- A Maine CDC outbreak investigator will coordinate with the school, and each case will still be assigned a case investigator who will follow the standard investigation protocol.
- If all three cases are within a single classroom, the entire classroom shall be considered a close contact for purposes of quarantine and testing.
- If three cases are spread across multiple classrooms:
 - There will be a presumption that all students, teachers, and staff within the school are close contacts and should be tested.
 - The school will follow cleaning guidance from U.S. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
 - Students, teachers, and staff who test negative must complete a 14-day quarantine from the last day of exposure in the school.
 - Essential workers may return so long as they follow the guidelines outlined in Section F.
- Maine CDC will recommend suspending all in person extra-curricular activities during the 14-day quarantine.
- In situations where students are cohorted in a single classroom and teachers rotate through the classroom, where there is a single case, all the teachers who rotated through the classroom will be considered close contacts.
- A student, teacher, or staff member may return to the classroom after release from isolation or quarantine.
- Outbreaks are closed 28 days after the last positive test or symptom onset, whichever is later.

² Designations can be found here: <https://www.maine.gov/decd/checklists/community-sport>

The following table summarizes the public health actions that will be taken in response to cases detected within schools.

Table 1: Recommended Public Health Actions for COVID-19 in Schools

Number of Cases	Location	Testing Recommendation	Quarantine Recommendation	Cleaning/Closure Recommendation	Notes
1 or 2	Single classroom/cohorts/pod	All students/staff within the classroom	All students in the classroom	Clean or leave classroom dormant for 7 days	Additional potential locations for close contacts include busses, after-school activities, etc.
1 or 2	Two or more classrooms/cohorts/pod	All students/staff within both classrooms	All students in the classrooms	Clean or leave classroom dormant for 7 days	Additional potential locations for close contacts include busses, after-school activities, etc.
3+ (outbreak*)	Single classroom/cohort/pod	All students/staff within the classroom	All students in the classroom	Clean or leave classroom dormant for 7 days	Additional potential locations for close contacts include busses, after-school activities, etc.
3+ (outbreak*)	Multiple classrooms/cohorts/pods	<p>All students/staff in the same classrooms, cohorts, pods, buses, and extracurricular activities are considered close contacts and are recommended to be tested.</p> <p>Close contacts may expand to include the entire school depending on the epidemiological investigation, considering factors such as adherence with public health guidelines and the age of the students.</p>	<p>All students in the same classrooms, cohorts, pods, buses, and extracurricular activities are considered close contacts and will need to quarantine for 14 days, regardless of test results</p> <p>Close contacts may expand to include the entire school depending on the epidemiological investigation, considering factors such as adherence with public health guidelines and the age of the students.</p> <p>Non-close contacts may return to school with no testing after cleaning or the period of dormancy is complete.</p>	Clean or leave classroom dormant for 7 days	<p>Additional potential locations for close contacts include busses, after-school activities, etc.</p> <p>If and only if students are cohorted in one classroom, it is possible that only affected classrooms will be closed.</p>
*An outbreak is defined as 3 or more confirmed cases from different households within 14 days in a school.					

V. NOTIFICATION AND COMMUNICATION

A. Notification of a Confirmed or Probable Case to Schools

The Maine CDC case investigator will alert school nurses of a confirmed or probable COVID-19 case in the schools and begin an investigation. Maine CDC will have a designated liaison who will work closely with the Maine Department of Education (DOE) on COVID-related matters in schools. Maine CDC's school liaison and Maine DOE School Nurse Consultant will monitor new cases.

B. Notification of a Confirmed or Probable Case to Maine CDC

School officials may be notified of a confirmed or probable case among a student, teacher, or staff member by the individual or parents (if the case is a student). If school staff are notified by a parent/guardian that their child received notice from their health care provider that their COVID-19 test was positive, school staff should contact the school nurse. The school nurse will notify Maine DOE's School Nurse Consultant, who will notify Maine CDC's school liaison of the suspect case. Once Maine CDC receives the positive lab report a case investigator will begin the COVID-19 investigation. The school nurse will be the communication link among the family, the Maine DOE School Nurse Consultant, and the Maine CDC school liaison.

C. Communication with Family Members

Maine CDC recommends that the school nurse communicate with the family of a confirmed or probable case (when that case is a student). The school nurse will be best suited to provide information to the family and reassure the family that Maine CDC investigators will be in contact with them. The school nurse should also reach out to the DOE School Nurse Consultant to inform DOE of the case. DOE's School Nurse Consultant will coordinate with Maine CDC's school liaison. The school should notify family members of students that will be in quarantine. A sample letter is available in Appendix A.

D. Communication with School Community

Maine CDC recommends that school community members be notified when a confirmed or probable case has been detected that is associated with the school. The school is best able to notify parents, staff, teachers, and other community stakeholders (*e.g.*, Board of Education, Superintendent, etc.) of the confirmed or probable case(s). Template letters for such communication are available in the appendices. Maine CDC strongly recommends confirming COVID-19 cases and outbreaks prior to schools sending public communications.

E. Public Reporting

Maine CDC will report publicly when an epidemiological investigation has been opened into a potential outbreak of COVID-19 associated with a school, as it does in other settings. In general, such investigations are opened after three or more epidemiologically linked cases are identified within a 14-day period.

F. After Hours

Maine CDC investigates COVID-19 cases seven days a week until 5 P.M. A Maine CDC case investigator will reach out to a school nurse when a confirmed or probable case identifies a school exposure. If the school nurse is unavailable the case investigator will leave a message. If there is an additional contact on the voicemail, the case investigator will reach out to that individual prior to 5 PM. If Maine CDC opens an outbreak investigation after hours, the outbreak investigator will contact the superintendent of the school district as well as and DOE's on-call contact.

VI. CONTACT TRACING PROTOCOLS IN SCHOOLS

Maine CDC will work with school officials to conduct contact tracing and symptom monitoring for close contacts of confirmed COVID-19 cases within schools.

Maine CDC uses a platform called Sara Alert to conduct symptom checks and monitoring on close contacts of confirmed cases. Maine CDC will enroll asymptomatic close contacts of confirmed cases—whether teachers, students, or staff—into Sara Alert for daily monitoring during the quarantine period. Maine CDC will monitor those close contacts during their quarantine period and, if any of those individuals becomes symptomatic, will provide guidance on testing and other clinical evaluation. The DOE school nurse consultant and the Maine CDC school liaison will have access to the Sara Alert system.

Note that school contacts will be enrolled into a dedicated jurisdiction within Sara Alert.

VII. GLOSSARY

Term	Definition
Close contact	In general, being within 6 feet of an infected person (with or without a face mask) for at least 15 minutes (in aggregate for certain situations like extra-curriculars or athletics), or having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 during the infectious period
Community transmission	Occurs when individuals acquire COVID-19 through contact with someone in their local community, rather than through travel to an affected location.
Confirmed case	A person who has tested positive for SARS-CoV-2 infection (the virus that causes COVID-19)
Contact tracing	Process of identifying individuals who have had close contact (see definition above) with someone infected with COVID-19
Cohort	A consistent group of students and staff who interacts with each other but not with members of other groups on a regular basis. Groups should be as small as possible, with maximum numbers outlined in the different reopening scenarios. When in a cohort, each group must physically distance themselves from each other and from other cohorts.
COVID-19	Abbreviation for the disease caused by the novel coronavirus SARS CoV-2
Incubation period	The time between exposure to an infection and the appearance of first symptoms. The virus that causes COVID-19 has an incubation period of 2-14 days.
Infectious period (asymptomatic cases)	2 days prior to testing (the date of the swabbing was conducted) until CDC criteria to discontinue isolation are met
Infectious period (symptomatic cases)	2 days before symptom onset until CDC criteria to discontinue isolation are met
Isolation	Process of separating individuals who are infected with COVID-19 from others. Isolation lasts a minimum of 10 days from symptom onset if symptomatic. If a person infected with COVID-19 has no symptoms, isolation lasts a minimum of 10 days from the date of test specimen collection (test). For individuals with severely immunocompromising conditions, isolation is at least 20 days.
Outbreak	3 or more confirmed cases from different households within 14 days in a school
Protocol	Recommended actions to follow in the event of a probable or confirmed case of COVID-19 occurs
Probable case	Individual who has at least two of the following symptoms: fever (measured > 100.4 degrees Fahrenheit or subjective), chills (rigors), body aches(myalgia), headache, sore throat, nausea or vomiting, diarrhea, fatigue, or congestion or runny nose OR at least one of the following symptoms: cough, shortness of breath, or difficulty breathing, new loss of smell or new loss of taste AND is epidemiologically linked to another case or has a positive antigen test.
Quarantine	Process of separating and restricting the movement of individuals who were in close contact with someone who tested positive or had symptoms of COVID-19. Anyone who has been in close contact with someone who has COVID-19 must stay home for a minimum of 14 days since the last day of contact with the person with COVID-19 and watch for symptoms of COVID-19. Persons in quarantine should self-monitor for symptoms and seek medical advice and test if recommended by Maine CDC or healthcare provider.
Screening	Assessing individuals for symptoms of COVID-19 verbally or via self/parent attestation. Temperature checks may be performed by the school if desired.

Symptomatic individual	A person who is experiencing one or more of the symptoms of COVID-19 as defined in CDC guidelines
Testing	Three types of tests are available for COVID-19: molecular, antigen, and antibody tests. Molecular and antigen tests indicate if you have a current infection while antibody tests indicate a previous infection. Throughout this document, 'testing' refers to either molecular or antigen-based tests to diagnose a person with current COVID-19 infection.

Appendix A: Sample notification letters to school communities

Dear Staff, Students, and Families,

This letter is to inform you that an individual associated with [School] recently tested positive for Coronavirus Disease 2019 (COVID-19). There is a possibility that other staff or students came in contact with this individual and therefore may have been exposed to the virus. We are informing you out of an abundance of caution. Please monitor yourself/your student for signs and symptoms. Call a health care provider if symptoms start. It is important that you call a health care facility before you show up in person. Stay home if you are sick.

COVID-19 is a respiratory illness that ranges from mild to severe. It can be more severe in adults 60 years and older and in those with underlying conditions. The virus mainly spreads when an infected person coughs or sneezes and an uninfected person breathes in the virus. Signs and symptoms include:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Please keep in mind that many things can cause respiratory illness, so students and staff should be up-to-date on influenza and routine vaccinations.

Maine CDC or a school representative will contact you directly if you are identified as a close contact of someone who tested positive. Close contacts will be asked to quarantine for 14 days from last exposure to the positive individual. A negative test result does not get an individual out of quarantine.

Maine CDC recommends prevention measures to prevent the spread of COVID-19. These measures include proper handwashing with soap and warm water, which is especially important after using the bathroom, before eating, and after blowing your nose, coughing, or sneezing. When soap and water is not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Avoid touching your eyes, nose, and mouth with unwashed hands and avoid close contact with people who are sick. Cover your cough or sneeze into a tissue, then throw the tissue in the trash. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Questions for the school can be directed at (Name of school representative) by calling (contact number). For general COVID-19 questions, dial 211 (or 1-866-811-5695). You can also text your ZIP code to 898-211 or email info@211maine.org. Call a health care provider for questions about your symptoms. More information can be found at www.maine.gov/dhhs/coronavirus or www.cdc.gov/coronavirus.

Sincerely,

Sample notification letter for close contacts

Dear ,

This letter is to inform you that Maine CDC identified you/your student as a close contact to a Coronavirus Disease 2019 (COVID-19) case. This means that you/your student will need to quarantine at home for 14 days from last exposure to this individual. While a negative test result will not remove the requirement for you/your student to quarantine, testing is recommended five to seven days after possible exposure. Five to seven days is the average length of time it takes to have a enough virus in the body to show up on a test result. If you/your student tests positive, it may increase the length of time that you/your student would need to stay home. Currently, you/your student can come back to school on [DATE] so long as they do not have any symptoms and have not tested positive.

COVID-19 is a respiratory illness that ranges from mild to severe. It can be more severe in adults 60 years and older and in those with underlying conditions. The virus mainly spreads when an infected person coughs or sneezes and an uninfected person breathes in the virus. Signs and symptoms include:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Please keep in mind that many things can cause respiratory illness, so students and staff should be up-to-date on influenza and routine vaccinations.

Maine CDC recommends prevention measures to prevent the spread of COVID-19. These measures include proper handwashing with soap and warm water, which is especially important after using the bathroom, before eating, and after blowing your nose, coughing, or sneezing. When soap and water is not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Avoid touching your eyes, nose, and mouth with unwashed hands and avoid close contact with people who are sick. Cover your cough or sneeze into a tissue, then throw the tissue in the trash. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Questions for the school can be directed at (Name of school representative) by calling (contact number). For general COVID-19 questions, dial 211 (or 1-866-811-5695). You can also text your ZIP code to 898-211 or email info@211maine.org. Call a health care provider for questions about your symptoms. More information can be found at www.maine.gov/dhhs/coronavirus or www.cdc.gov/coronavirus.

Sincerely,

Sample notification letter for outbreaks

Dear Staff, Students, and Families,

This letter is to inform you that there is an outbreak of Coronavirus Disease 2019 (COVID-19) at (School Name). An outbreak means that there are three or more cases of COVID-19 within a 14-day period that are epidemiologically linked. Based on recommendations from the Maine CDC, we are closing the school for cleaning to help prevent further spread of COVID-19. Your child can return on (date) with proof of a negative PCR COVID-19 test. If you choose to forgo testing, your child can return to school on (date).

Please monitor yourself/your student for signs and symptoms. Call a health care provider if symptoms start. It is important that you call a health care facility before you show up in person.

COVID-19 is a respiratory illness that ranges from mild to severe. It can be more severe in adults 60 years and older and in those with underlying conditions. The virus mainly spreads when an infected person coughs or sneezes and an uninfected person breathes in the virus. Signs and symptoms include:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Please keep in mind that many things can cause respiratory illness, so students and staff should be up-to-date on influenza and routine vaccinations.

Maine CDC or a school representative will contact you directly if you are identified as a close contact of someone who tested positive. Close contacts will be asked to quarantine for 14 days from last exposure to the positive individual. A negative test result does not get an individual out of quarantine.

Maine CDC recommends prevention measures to prevent the spread of COVID-19. These measures include proper handwashing with soap and warm water, which is especially important after using the bathroom, before eating, and after blowing your nose, coughing, or sneezing. When soap and water is not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Avoid touching your eyes, nose, and mouth with unwashed hands and avoid close contact with people who are sick. Cover your cough or sneeze into a tissue, then throw the tissue in the trash. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Questions for the school can be directed at (Name of school representative) by calling (contact number). For general COVID-19 questions, dial 211 (or 1-866-811-5695). You can also text your ZIP code to 898-211 or email info@211maine.org. Call a health care provider for questions about your symptoms. More information can be found at www.maine.gov/dhhs/coronavirus or www.cdc.gov/coronavirus.

Sincerely,

Appendix B: Maine Community Sports Guidance

COVID19 Prevention Checklist Industry Guidance-<https://www.maine.gov/decd/checklists/community-sport>

Last updated: *Sep 10, 2020*

This is one of many guidance documents the State is creating for organizations so they can be prepared to meet health guidelines and reopen safely. Please make sure you pair this document with the general guidance document that applies to all sectors, which is available on [maine.gov/decd.](https://www.maine.gov/decd/)

Please note: The document may be updated as additional information and resources become available. Check the revision list on the first page of this SOP for any updates or revisions.

Phase 2: Community Sports

General Guidance for Community Sports Activities (Updated 9/1/20)

Community sports activities for both youth and adults require careful consideration during the COVID-19 pandemic. Health experts recognize the role of outdoor recreation and exercise in promoting mental health, physical fitness, and cognitive development. Reducing exposure to respiratory droplets through physical distancing and face coverings, as well as increased hand hygiene and avoidance of shared and common touch items, remain the primary tools to mitigate the spread of COVID-19. Because of the increased possibility of infection through droplets, vigorous exercise in closely confined spaces should be avoided.

At this time, outdoor training with physical distancing may be prudent. These guidelines focus on maximizing opportunities for physical distancing and keeping small, stable cohorts of participants whenever possible. This guidance includes best practices recommended by the U.S. Centers for Disease Control and Prevention, Aspen Institute, and guidance documents from several states.

Students attending school and students participating in any group sporting activity (club, community or school-based) represent the mixing of cohorts. These cohorts are being used by schools for their public health protection measures. This increased mixing creates a high risk for potential spread both within schools and between schools and therefore this guidance must be diligently followed.

Sports activities present multiple challenges in the effective use of primary prevention strategies. These challenges include:

- Risk of exposure to the virus due to close physical proximity during sports activities through participation in the sport activity itself, group seating, and group travel.
- Increased risk during intense and sustained physical contact whether purposeful or accidental.
- Increased projection of respiratory particles during cardiovascular activities, yelling or shouting as part of play, or common sneezing or coughing. This increase in projection of droplets can be up to 14 feet, well exceeding the typical physical distancing recommendation of 6 feet between individuals.
- While face coverings are recommended to reduce the risk of viral transmission between individuals, face coverings may not be compatible with some activities. Face coverings are not currently required for players during vigorous exercise during practice or competition. Face coverings should be used when not engaged in vigorous exercise (e.g. during low to moderate intensity exercise, during coaching strategy sessions, in bench area).

Framework for Assessing the Risk of Sports and Recreation Activities (Updated 9/1/20)

The risk of participating in sports and recreation activities is determined by a combination of (1) risk of transmission of COVID-19 inherent to each sport in terms of duration and proximity of contact (e.g. golf versus rugby) and (2) risk associated with the type of play (e.g. skill-building drills, within-team

competition, competition between teams from different geographic areas).

Type of Play

The following types of play are defined by level from least to greatest risk. Across all types of play, keep players together in small, stable groups (i.e. cohorts) with dedicated coaches or staff. Ideally, these cohorts should include fewer than 30 individuals.

- Level 1: Performing skill-building drills or conditioning at home, alone or with household members
- Level 2: Team-based practice with physically distanced group activities
- Level 3: Within-team competition (e.g. intra-squad scrimmages). This level of play involves one cohort of participants.
- Level 4: Competition between teams from the same geographic area (e.g. the same county and in some cases adjacent counties). This level of play involves two cohorts of participants.
- Level 5: Competition between teams from different geographic areas within Maine
- Level 6: Competition between teams from different states

Note: Individuals traveling or returning to Maine must follow the executive order on travel and rules explained in the [Keep Maine Healthy](#) plan. This includes a requirement that all out-of-state travelers coming into Maine, as well as Maine residents returning to Maine, complete a 14-day quarantine upon arrival or have a negative COVID-19 test no longer than 72 hours of arrival with quarantine while waiting for the result (unless that travel is to or from an exempted state). Check the [website of the Maine Centers for Disease Control](#) for updated information on exemptions to this requirement. Please note that competition between teams from different states is not recommended at this time.

Type of play allowed, based on risk level of sport or activity

At this time, sports are restricted to the types of play presented in the table below based on the level of risk associated with the sport or activity. During all activities, the public health measures in this guidance must be followed (e.g., hand hygiene, cleaning and disinfecting, face coverings, etc.) These recommendations will be updated as conditions change. Moreover, if transmission rates increase the county where sports teams have planned competitions, these competitions between teams should be cancelled.

(Updated 9/10/20)

Risk level characteristics	Examples	Levels of Play Allowed
Lower Risk		
<ul style="list-style-type: none"> • Sports and activities that can be done with physical distancing and no physical contact • Sports and activities that can be done individually 	<i>Examples:</i> Batting cages, tennis, pickleball, individual swimming, catch, disc golf, golf, individual biking, surfing, horseback riding, crew/sailing, fishing, hunting, motor sports, gymnastics, weightlifting, single sculling, throwing events (javelin, shot put, discus, hammer), jumping events (high jump, pole vault, long jump, triple jump), skiing, cross country events where physical distance can be maintained	Levels 1-5 (indoor or outdoor)
Moderate Risk		
<ul style="list-style-type: none"> • Sports and activities that involve intermittent close 	<i>Examples:</i> Baseball, softball, team swimming, fencing, soccer, basketball,	Levels 1-3 (indoor or outdoor)

proximity or limited, incidental contact, but with protective equipment or mitigating measures in place that may reduce the likelihood of respiratory particle transmission between participants (e.g., wearing masks, modifying play to maintain 6 feet of physical distance, cleaning and disinfecting)	lacrosse, ice hockey, competitive and sideline cheer, martial arts, ultimate frisbee, running events where physical distance cannot be maintained, field hockey, pair figure skating, volleyball, 7 vs. 7 flag (touch) football	Level 4 (outdoor only)
Higher Risk		
<ul style="list-style-type: none"> Sports and activities that involve sustained close contact between participants, lack of significant protective barriers, and high probability that respiratory particles will be transmitted between participants 	<i>Examples:</i> Football, wrestling, rugby, boxing	Levels 1-3 (indoor or outdoor)

Limiting and Documenting Contact

- For contact tracing purposes, to the extent practicable, organizers should maintain a record including contact information for athletes, coaches, or any other individuals (e.g. athletic trainers, team managers, etc.) who have direct prolonged interaction.
 - Based on current knowledge, a close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated. Close contacts should stay home, maintain physical distancing, and self-monitor until 14 days from the last date of exposure.
- Encourage players to wait in their cars until just before the beginning of a practice, warm-up, or game, instead of forming a group.
- If practice or competition facilities must be shared, consider increasing the amount of time between practices and competitions to allow for one group to leave before another group enters the facility/venue. This will minimize interaction between individuals at points of ingress and egress and allow time for cleaning and disinfecting.
- Prohibit activities and events such as off-site competitions or excursions (e.g., watching a professional team compete). (9/10/20)
- Limit the number of players sitting in confined player seating areas (e.g., dugouts). Ensure 6 feet of physical distance by allowing players to spread out into spectator areas if more space is available.
- Provide physical guides, such as signs and tape on floors or playing fields, to make sure that coaches and players remain at least 6 feet apart.

Cleaning and Disinfection

- Clean and disinfect frequently touched surfaces on the field, court, or play surface at least daily, or between uses as much as possible. Use of shared objects and equipment (e.g., balls, bats, gymnastics equipment) should be limited and objects should be cleaned between uses if possible.
- Identify a staff member or volunteer to ensure proper cleaning and disinfection of objects and equipment, particularly for any shared equipment or frequently touched surfaces.

3. Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
4. Use gloves when removing garbage bags or handling and disposing of trash. [Wash hands after removing gloves.](#)
5. Refer to the following documents for guidance on general cleaning and disinfection:
 - a. [COVID-19 Prevention Checklist General Guidance](#) (State of Maine)
 - b. [Cleaning and Disinfecting Your Facility](#) (CDC)
 - c. [Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools and Homes](#) (CDC)

Cohorting Players and Coaches

1. Keep players together in small, stable groups with dedicated coaches or staff, and make sure that each group of players and coach avoid mixing with other groups as much as possible.
2. Teams might consider having the same group of players stay with the same coach or having the same group of players rotate among coaches.
3. Consider staging within-team scrimmages instead of playing games with other teams to minimize exposure among players and teams.

Transportation

1. Transportation to and from sports activities require attention because of increased risk of close proximity and poor ventilation.
2. Limit the use of carpools or van pools. When riding in a vehicle to a sports event, encourage players to ride with persons living in their same household. Carpooling with individuals from different households is not recommended.
3. If carpooling with individuals outside one's household group is necessary, increase ventilation in the vehicle, and all riders must wear a facial covering, and use hand sanitizer.
4. If buses are used, spread individuals out to the extent possible, increase the airflow with open windows if weather permits, require use of face coverings, and provide hand sanitizer for use when entering and exiting the bus.

Appendix C: School-Based Testing Documents

The following four documents can be used in the setting of school-based testing.



DRAFT Consent



COVID Testing



PHN What to Expect



Letter to Parents RE

Covid-19_9.24.20.docContact and Demograwith COVID Test 0925testing consent forms

[School header]

Greetings,

One of the best ways to prevent the spread of COVID-19 is through testing. That is why we are planning to make testing of students quick and easy, should it be needed.

If we are notified of active cases affecting our school community and the Maine CDC recommends that we test students, we will work with qualified healthcare personnel to provide COVID-19 testing on our school grounds or in a designated location in our community. We are asking parents/guardians to give us permission to test their child so that we are prepared if and when testing might be needed. This will allow us to respond quickly and provide tests for all students.

OPTIONAL (omit if school has not opted into program)

Additionally, our school has opted into a State of Maine program that will allow us to procure Abbott BinaxNOW Ag Tests. This test is a rapid antigen test that provides results in less than 15 minutes. The BinaxNOW test can be used for early detection of COVID-19 in students, staff and teachers. Specifically, for individuals who develop the following signs and symptoms during the school day:

• fever or chills	• new loss of taste or smell
• cough	• sore throat
• shortness of breath or difficulty breathing	• congestion or runny nose
• fatigue	• nausea or vomiting
• muscle or body aches	• diarrhea
• headache	

Individuals over the age of 12 would have the capacity to self-swab with supervision, while school nurses or designated healthcare worker would need to collect the specimens for children under the age of 12. We are asking parents/guardians to give us permission to test their child should they develop any of the above symptoms during the school day.

Please read and complete the 2 enclosed/attached forms. Return both completed forms to X (school nurse or other personnel) via X method (paper, Power School) by X date.

1. Consent form (TITLE):

This allows the healthcare personnel conducting testing to use a nasal swab to test your student as soon as possible, if directed by the CDC.

2. Contact Info and Demographics Form required by the Maine CDC for testing:

This form is required to accompany your student's test to the Maine CDC Laboratory and also tells the health professionals conducting the test whom to notify with the results.

These forms will stay in your child's health file and only be used if testing is needed.

In the event that testing needs to take place at school or in a designated location in our community:

- There will be no charge to families for testing.
- The test will involve having your child insert a swab into mid-area of the nose for 10 seconds, or if they are young or otherwise unable to self-swab, someone will insert the swab for your child.
- School health staff or designee will be in communication with the parent/guardian of anyone tested and results will be shared with the parent/guardian. If a student is negative, the parent/guardian will receive

an email with results. If a student is positive, the parent/guardian will receive a phone call from the school and results will be shared with the student's primary care physician for follow up.

- Students who do not have completed forms on file cannot be tested at school, which may affect their ability to attend school and other school-related activities.
- Parents/guardians that opt out of school organized testing will need to arrange testing through their primary care provider or other testing site if directed to do so by the CDC.
- School staff will be in communication about other related issues such as whether students should to continue to come to school, quarantine expectations, etc.

Thank you so much for your help in completing and returning these forms. By doing so, you are making sure that testing for your student is not delayed. If you have questions, please contact (name and role) at X (phone number).

Here's to a healthy school year!
[sign off]

**[TEMPLATE] Maine Pre-K to 12 School COVID-19 Test
Parent/Guardian Consent Form: School Year 2020-2021**

[SCHOOL NAME] seeks to maintain a safe environment for employees, students, their families, and the community. This consent form provides [SCHOOL NAME] or its designee with your permission to perform a COVID-19 screening test for your child at the school or its designated site.

By signing below, you are indicating that you voluntarily consent to this screening procedure for the detection of COVID-19 for your child. Please read the attached information accompanying this form to learn more about school-based testing.

COVID-19 Test Information Statement

For Standard PCR testing:

The test will be administered by a healthcare provider in an outbreak situation. The test involves a nasal swab that is used to determine the potential presence of COVID-19. The specimen collected will be processed by the Maine Centers for Disease Control (CDC) Health and Environmental Testing Laboratory, which will have results in approximately 48-72 hours. The school or its designee will receive your child's test results from the health care provider who conducted the test and will communicate those results to you. Additionally, the school or its designee will provide instructions on any appropriate next steps.

For Rapid Testing:

The test will be administered by a school nurse. The test involves a nasal swab that is used to determine the potential presence of COVID-19. The specimen collected for a rapid test will have results in approximately 15-20 minutes. The school will share the results with the CDC for public health reporting. The school or its designee will communicate those results to you following the test. Additionally, the school or its designee will provide instructions on any appropriate next steps.

Section 1: Information about Your Child (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	School Name	Grade & Teacher
ADDRESS				PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP			

Section 2: Consent

CONSENT FOR CHILD'S COVID-19 TEST:

I have read or had explained to me the **COVID-19 Testing Information Statement**, above, and have had the opportunity to seek answers to my questions about the risks and benefits of this test.

I CONSENT to my child receiving a **Standard PCR COVID-19 Test** administered by a DHHS/CDC contracted provider at [SCHOOL NAME] in an outbreak. (If this consent form is not signed, then your child will not receive the test.)

I CONSENT to my child receiving a **Rapid COVID-19 Test** administered by [SCHOOL NAME] or its designee in a school setting if my child becomes symptomatic during the school day. (If this consent form is not signed, then

your child will not receive the test.)

Signature of Parent/Legal Guardian _____ Date:
month_____day_____year_____

COVID-19 Testing Record

FOR ADMINISTRATIVE USE ONLY

Date Test Administered	Name and Title of Administrator
/ /	

SPACE FOR LOGO OR LETTERHEAD

COVID-19 SPECIMEN COLLECTION AND ANALYSIS
DEMOGRAPHIC AND CONTACT INFORMATION FORM

School Name:

Grade:

Teacher:

Child's Name (First, Middle Initial, Last):

Date of Birth: __ / __ / __ (mm/dd/yyyy)

Gender (Circle One):

- ☐ Male
- ☐ Female
- ☐ Other

Child's Address:

Parent/Guardian Preferred Email Address:

Parent/Guardian Preferred Phone Number (include area code):

Preferred Language (if other than English):

Race (Circle One):

- ☐ White
- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other
- ☐ Two or More Races

Ethnicity (Circle One):

- ☐ Hispanic or Latinx
- ☐ Non-Hispanic

Student's Primary Care Physician:

Primary Care Office Name and Address:

Primary Care Office Phone Number:

COVID 19: WHAT TO EXPECT WHEN YOUR CHILD NEEDS A NASAL SWAB TEST

- Help prepare your child for the COVID- 19 test by telling them that they will have a swab put in their nose and twirled around for a few seconds to get the test done. It will feel a little itchy or might even tickle. Their eyes might water, or they might even sneeze or cough and that is all normal. They may have to swab both sides of the nose.
- The child's job is to lean their head back and sit as still as possible for the test.
- A child can bring a stuffed animal, toy, or comforting object to hold during the test.
- Everyone will need to wear a mask or face covering (over age 2).
- Have youth remove any nasal piercings prior to the test.
- If your child has had a problem with their nose, like a deviated septum, broken nose and/or recent surgery, you should call your child's doctor to discuss their recommendations for testing.
- If you are at a drive thru site, the team will ask you to stay in your car. Children and infants can remain in their car seats. You can sit next to the child and hold them or hold their hand.
- If a child has a hard time sitting still, a caregiver may be asked to have them sit in their lap in the front seat and give them a bear hug; using one leg to secure the child's leg, one arm to wrap around the child's chest and arms, and one arm to gently help secure the child's head against the caregiver. You can practice this at home.
- If the child is over 10 years old and willing, they may also be asked to collect the sample by putting the swab in their nose. The team will coach the child on how to collect the sample. A caregiver can assist them with the collection.
- The testing team will be wearing masks, gloves, and gowns in order to keep everyone safe. They will ask some questions and may take your temperature. They will explain what type of test is available at that site. They will give you a tissue to wipe your nose for before and after the test.
- The child or the testing team will insert a very skinny swab into the nose and twist it around to collect some material from inside the nose. It won't go far back, only ½-1 inch, depending on the test and the nose. It will only last a few seconds.
- The team will then put the swab into a tube and send it to a laboratory to see if the sample collected contained COVID-19. The results may take a 3-4 days. Some sites have special kits with results available onsite, in just 15 minutes! The most important thing is to follow the instructions they give you after the test. If the test is positive, you will get a phone call. If the test is negative, an email may be sent instead of a phone call.